

- Complete items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Thomas L. Combs
#390-993
P.O. Box 5500
Chi 11120, OH 45601

C-1-02-392, Docs. 18 & 19

2. Article Number
(Transfer from service label) 7001 2510-0008-6347 8743

COMPLETE THIS SECTION ON DELIVERY

A. Signature X <i>CC</i>		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) <i>CC Clarke</i>		C. Date of Delivery 9-10-03
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		
E. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
F. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		

PS Form 3811, August 2001

SSB

Domestic Return Receipt

102595-02-M-0835